**Problem Statement**

Schizophrenia is a very serious psychological disorder that psychologist still do not fully understand. There are many people researching to find a cure, and even more people hoping for one. Schizophrenia research is done by many different types of people. Psychologists conduct most of the research and testing in labs. They are the ones who are observing people suffering from this disorder and trying to see what types of treatments work best for them. Psychiatrists are also very involved in this type of research, but their main focus is on medications, and how their patients react to each type. Both psychologists and psychiatrists are always trying to find a better treatment option for their patients. There are also many other people, who may not be as involved in the research as psychologists and psychiatrist, but they work very hands on with the patients. There are many different people for this job but some of them include social workers, doctors and nurses, teachers, counselors and therapists. Of course, each of these people is hoping for a better cure to schizophrenia every day so they can help their patients more. The people who want a better cure the most, however, are the people who have to live with this disorder every day; the patients and their families. No one can fully understand what it is like to have the disorder until they actually experience the symptoms. The families of the patients suffer too though, because they become responsible for taking care of the affected family member and it is also hard for them to watch them suffer with this disorder every day. There are so many people searching for a solution to schizophrenia, because there are so many people who desperately need the solution.

It was only recently that researchers discovered types of treatments that were effective and did not have terrible side-effects. Less than 100 years ago if you were diagnosed with schizophrenia you would have been shunned from society and locked away. Patients in mental hospitals were often abused and mistreated, and the types of treatments given to them were very dangerous and sometimes deadly.[[1]](#footnote-1) While this is no longer the case, it took many years to reach a humane way of treating patients. This point was reached when they were finally given medications to help treat their symptoms. Because schizophrenia is a combination of thought, anxiety, and mood disorder, it is very difficult to create a medication that treats all of these symptoms. By using group and family therapy to help patients relearn needed social skills I believe that this this type of treatment could be very effective.[[2]](#footnote-2)Some researchers argue that medication is the only effective treatment of schizophrenia but I believe that the use of psychotherapy, along with medications, will prove to be an even better treatment and will allow the patient regain control of their life.

After many years of research, a few good medications have been found to help treat the symptoms of schizophrenia. With these medications, however, come some unfortunate side effects. Some mild and short term side effects include dry mouth, blurred vision, constipation, drowsiness and dizziness. These side effects usually disappear a few weeks after the person starts treatment. More serious and long lasting side effects include trouble with muscle control, muscle spasms or cramps in the head and neck, fidgeting or pacing, tremors and shuffling of the feet. These symptoms may not show up immediately, but they can be long lasting. Even more serious effects include rapid weight gain, heart problems, loss of sex drive and a greater risk of developing diabetes.[[3]](#footnote-3) Living with all of these side effects actually reduces the patient’s life span by twenty years.[[4]](#footnote-4) As a result of the side effects, many patients dislike taking their medications and will not take them regularly, or at all. The biggest issue is patients going off their medications without consulting a professional. Patients often go off their medications because they believed they are cured because their symptoms have subsided. They do not want to stay on the medications longer than they have to because of the terrible side effects, so they just stop taking their medicine. This, however, causes their symptoms to return and puts them in danger.[[5]](#footnote-5) Many patients stay in this cycle for many years. Their lives are controlled by schizophrenia and the medications used to treat it.

Schizophrenics feel like their lives are out of control because they do not have the proper tools and support systems to treat their disorder. It is easy to see why many people go on and off their medications many times. Some recent research has been focused on giving schizophrenics tools during treatment so they could be able to control their disorder, while being off their medications.[[6]](#footnote-6) This new research is important due to the fact that so much research has already been done on only medication and we are only just starting to learn about the importance of the use of psychotherapy during treatment.

**Literature Review**

Numerous experiments have been conducted to find out more about the types of medication used to treat schizophrenia. Thanks to all of this research, we now know which medication works best at eliminating the symptoms of schizophrenia. There is, however, always more research taking place on even more medications to try to make them even better. Now instead of creating new types of medications, researchers are improving the medicine they have now. The type of research that takes place ranges from knowing what two medications work best together, to knowing which type of medicine works best for each symptom. Based off of all this research, some researchers have suggested that patients, who take their medications continuously, on a normal basis, have a more functional, long-term, outcome in the treatment of schizophrenia[[7]](#footnote-7).

The authors, Ascher-Svanum H, Faries DE, Zhu B, Ernst FR, Swartz MS, and Swanson JW, conducted much of the research and their findings can be read in the article *Medication adherence and long-term functional outcomes in the treatment of schizophrenia in usual care.* In this article an experiment was conducted that followed many people suffering from schizophrenia. Each patient was followed over a three year period of time, and was checked on once every six months. At each check-in the patient was assessed for how well they adhered to the routine of their medications and also for how well their symptoms were improving. The final results proved that patients who did not adhere to their medication had poorer functional outcomes than those who did adhere. Furthermore, those who did not adhere had a greater risk of psychiatric hospitalizations, arrests, violence, poorer mental functioning, poorer life satisfaction, and more alcohol-related problems.1While this research is needed, and very important, there is still room for even more research on this topic.

This research may be correct, but it does not take into account other treatment types to go along with the use of medication. Other types of treatment include education, modeling, limit setting, and reality testing, all with the help of a therapist or in a small group setting. Schizophrenics usually have a difficult time performing simply daily skills that a therapist needs to help them relearn. While a medication can eliminate a hallucination, it cannot teach a person how to take care of themselves. Small group sessions can be especially helpful because it allows them participants to relearn their correct social roles and interactions.[[8]](#footnote-8) Medication is very effective at treating the symptoms of schizophrenia, but there are other issues with the disorder that need to be resolved that only psychotherapy can do. More research needs to be focused on psychotherapy along with the use of medication to treat schizophrenia.

After many years, research has found a few good medications that are affective at treating the main symptoms of schizophrenia. It is usually not just one pill, however. Patients usually end up taking many combinations of medicine to treat the combinations of symptoms. While this helps treat the symptoms, it does create more problems for the patient.

**Abstract**

*This experiment was not conducted by me at all but I will be evaluating it, as it is a very important relating to new treatments for schizophrenia.A;; information from this section was take from the article Treatment of Schizophrenia.[[9]](#footnote-9)* This research article is a meta-analysis of the new types of treatment for schizophrenia. It evaluates previous experiments of each treatment including antipsychotic agents, adjunctive pharmacotherapies, electroconvulsive therapy, psychological interventions, family interventions, vocational rehabilitation, and assertive community treatment/intensive case management. It evaluates the strength and weakness of each treatment. No major breakthroughs have been made from this study but it does create advances to allow for less adverse effects for the patient, their family, and society in general.

**Treatment Recommendations**

**Pharmacotherapy Treatment**

Antipsychotic drugs still remain the primary treatment of schizophrenia despite all of the problems that can arise from them. Although each type of medication is tested multiple times for safety and effectiveness, some users are still not reacting the way they should be to the medication. The minorities of people who take these drugs do not react to them at all and show no signs of improvement. There are some people who react negatively to the drugs and they have the opposite effect. There is always a possibility that the reaction to the drugs arise from different biological, psychological, or social factors but these are all almost impossible to control. The only thing that can be easily controlled is pharmacological factors that need to be considered when administering the drugs to the patient. Drug type, dosage level, and drug blood levels are all important factors that may take many different types of medication to get the right amount of each.

**Psychological and Psychosocial Treatments**

Despite the fact that there has been a large amount written of the benefits of psychological and psychosocial treatment, there has been a very limited amount of experiments conducted due to the fact that this type of research is very difficult to conduct. The research has shifted though however from attempting to alleviate the illness itself to attempting to improve the social adaptations, functioning, and well-being of the individual. Research also recognizes the importance of the family during the recovery process. This is why family therapy is one of the main types of psychological and psychosocial treatment types.

Most research on psychological and psychosocial treatment has also involved the use of medications with the treatment. The variety of ways these two types can interact has also made research difficult. One of the most sophisticated studies done however was conducted by Stanton et al. (1984) and Gunderson et al. (1984) which was a two year study the effects of psychotherapy and if it provided a significant advancement in treating schizophrenia along with the use of antipsychotic drugs. In this study each participant was placed on an antipsychotic drug chosen by a physician and was studied for two years. One group was placed in a new type of therapy called exploratory, insight-oriented psychotherapy (EIO) and another group was placed in reality-adaptive-supportive (RAS) therapy which was thought to be of more high quality. Finally there was one group that was not placed in a type of therapy at all and this was the control group.

The results of the study showed only very small and insignificant differences between the two groups who received the EIO treatment and the RAS treatment. There were, however, significant differences between the two treatment groups and the control group when observing their behavior in the two year follow-up study. The group who received treatment spent significantly more time functioning independently, spent significantly less time in the hospital, and the more likely they were to be employed. For each day the treatment group did not spend in the hospital the more time they spent employed at their jobs and the more household responsibilities they were able to take on.

**Group and Family Therapy**

All of the previous studies conducted on family and group therapy, weather they have included the use of medications or not, have been positive. Although there is still much to learn about which type of treatment is best, it is clear that this type of therapy should be used for each person going through treatment of schizophrenia. It is still unsure though if therapy should be continuous or intermittent and the available data does not give us enough evidence to know if this type of therapy would be able to replace the use of antipsychotics.

**Results and Findings**

Based on the research of all of these medications and types of therapies it is clear that psychotherapy is a very important part of treating schizophrenia. The use of antipsychotics has always been the main treatment type and most of the research has been put into new types of medications. It is now important to remember that evidence from multiple experiments has shown us that with the use of medications, psychological and psychosocial treatments have very positive effects on patients. Another thing that is clear is there needs to be more research done on new types of therapies, what type of therapy works best with which medication, and the amount of therapy one should receive to experience the best effects. Although research like this can be difficult, time consuming, and expensive it is exceedingly important that more effort is put into this research so we can continue to help those suffering from schizophrenia.

Based on this research I hope that doctors, patients, and family members will be able to use this information for the best. Doctors, psychologist, and psychiatrist should still be able to prescribe medication as they normally would but they need to keep in mind that antipsychotics will not solve all the symptoms that go along with schizophrenia. They should now also be educated in all the choices of psychotherapy so they can give their patients and families the best treatment options. Family members should also be educated on the option of psychotherapy, but also the responsibility that comes with helping the patient through it. Family members will need to learn, along with the patient, how to use these techniques and really get the most out of them. Finally, patients also need to know all of their options for treatment, and know the great results that can come from the hard work of psychotherapy.

**Conclusion**

I anticipate that from this research the authors of the article *Medication adherence and long-term functional outcomes in the treatment of schizophrenia in usual care* will be able to learn even better treatment options to experiment with. While their research was very important and informative, I believe this new information can make an even bigger difference in treating schizophrenia. Now, with the results of all these studies on treatment, it is clear that people suffering from the disorder of schizophrenia will experience the best treatment results if they adhere to the normal schedule of their medications and they go through psychotherapy as well.

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